



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
COMMERCIAL SHELLFISH PERMIT APPLICATION

116 Hampton Road, Southampton, N.Y. 11968
Phone: 631-287-5717 Fax: 631-287-5723

COMMERCIAL SHELLFISH PERMIT COVER SHEET

Resident Fee \$100.00 (Cash or Check only)

There will be a charge for lost permit

Please note that all Shellfish Licenses must be processed in person in the Town Trustee's office as we now issue the Shellfish Licenses with a photograph.

REQUIREMENTS:

(Trustees Resolutions dated January 23, 2002; March 17, 2014)

If you cannot meet these requirements, your case will be referred to the Review Panel, consisting of the Town Attorney, Senior Bay Constable and two Trustees at a work session.

In the case of **THOSE WHO OWN PROPERTY** in the Town of Southampton:

1. A current **NYS DEC SHELLFISH DIGGERS PERMIT**.
2. A **NYS DRIVERS LICENSE OR NYS IDENTIFICATION CARD** indicating a street address within the Town of Southampton. (**P.O. Boxes are not acceptable**)
3. A current **DEED OR TAX BILL** to a residential property within the Town of Southampton with the applicant's name listed in the owner's box
 - * *If the tax bill is in a corporation or LLC, please supply Articles of Incorporation or LLC documentation*
 - * *If the tax bill is in your spouse's name, please include a copy of your marriage certificate*

In the case of **THOSE LEASING OR RENTING A RESIDENCE** in the Town of Southampton:

1. A current **NYS DEC SHELLFISH DIGGERS PERMIT**.
2. A **NYS DRIVERS LICENSE OR NYS IDENTIFICATION CARD** indicating a street address within the Town of Southampton. (**P.O. Boxes are not acceptable**)
3. **Two (2) affidavits**, one **(1) signed and notarized by the landlord** and one **(1) signed and notarized by the tenant must** be submitted with the application.
4. **One of the following:**
 - a. **RENT RECEIPTS** for **each** month in the past twelve (12) months prior to application of permit.
 - b. **CANCELED CHECKS** for **each** month in the past twelve (12) months prior to application of permit.
 - c. **VOTER REGISTRATION CARD** indicating an address in the Town of Southampton **OR** a **NOTARIZED AFFIDAVIT** stating where the applicant is registered to vote.
 - d. Three (3) **utility bills** service to a street address in the Town of Southampton (**MUST HAVE** one current, one from six months ago, and one from a year ago)
5. **Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45. Any false written statement is a Class A misdemeanor.**

****Please note that all Commercial Gill Nets and/or Pot Permits will be printed on the back of the Commercial Shellfish License – application attached****



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COMMERCIAL SHELLFISH LICENSE APPLICATION

Name (Print): _____

Phone #: _____ **Alt. Phone #:** _____

E-mail: _____

Town of Southampton Street Address: _____

Mailing Address (if different from above): _____

Date of Birth: _____

Height: _____

Color of Eyes: ☐ Blue
 ☐ Brown
 ☐ Green
 ☐ Grey
 ☐ Hazel

Color of Hair: ☐ Black
 ☐ Blonde
 ☐ Brown
 ☐ Grey
 ☐ None
 ☐ Red
 ☐ White

Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45. Any false written statement is a Class A misdemeanor.

Applicant's Signature: _____ **Date:** _____



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COMMERCIAL GILL NET AND/OR POT PERMITS

Gill Nets Requirements:

- * Town of Southampton Residency Requirements
- * DEC Food Fish License
- * Town of Southampton Commercial Shellfish License

Pot Permit Requirements:

- * Town of Southampton Residency Requirements
- * DEC Food Fish License
- * Town of Southampton Commercial Shellfish License
- * DEC Requirements (see chart below)

TOWN POT PERMIT	DEC PERMIT NEEDED
Eels	Food Fish
Conch	Conch
Lobster	Lobster License (Commercial/Residential)
Fish Pot	Food Fish
Killies (Bait Fish)	Baitfish Dealers License
Crabs (All Types)	Crab Permit

**Please list description of Permit below including
Town Permit #, Type of Permit, Water Body, and Location.**

Permit Type: Pot / Gill Net Town Permit #: _____ Amount: _____ Species: _____ Water Body: _____
(Circle One)

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(Circle One)

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(Circle One)

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(Circle One)

Permit Type: Pot / Gill Net Town Permit #: _____ Amount: _____ Species: _____ Water Body: _____
(Circle One)

Any false written statements contained in any affidavits submitted are subject to the provisions of Penal Law § 210.45. Any false written statement is a Class A misdemeanor.

Applicant's Signature: _____ Date: _____



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
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In the Matter of the Application For a Commercial Shellfish License

AFFIDAVIT OF LANDLORD

(Applicant's Name)

STATE OF NEW YORK)

) ss:

COUNTY OF SUFFOLK)

_____, being duly sworn, deposes and says the following under the penalties of perjury:
(Landlord's Name)

1. I own property located at _____
(Address)
2. I am currently renting the above captioned premises or a portion of the above captioned premises to _____
(Tenant's Name)
3. I am renting the premises to the above tenant of the following basis:
 - a. _____ pursuant to a lease.
 - b. _____ on a month-to-month basis.
 - c. _____ applicant is a family member and does not pay rent.
4. I can be reached at the following phone number to confirm the information contained in this affidavit:

(Phone number)

I submit this information in order to induce the Board of Trustees to issue a Commercial Shellfish License to applicant.

(Signature of Landlord)

Sworn to before me this ____ day of _____, 201__

(Notary Public)



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
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In the Matter of the Application For a Commercial Shellfish License

AFFIDAVIT OF TENANT

(Applicant's Name)

STATE OF NEW YORK)

) ss:

COUNTY OF SUFFOLK)

_____, being duly sworn, deposes and says the following under the penalties of perjury:
(Tenant's Name)

1. I reside located at _____
(Address)
2. I am currently renting the above captioned premises or a portion of the above captioned premises

(Tenant's Name)
3. I am renting the premises on the following basis:
 - a. _____ pursuant to a lease.
 - b. _____ on a month-to-month basis.
 - c. _____ applicant is a family member and does not pay rent.
4. I can be reached at the following phone number to confirm the information contained in this affidavit:

(Phone number)

I submit this information in order to induce the Board of Trustees to issue a Commercial Shellfish License to applicant.

(Signature of Tenant)

Sworn to before me this ____ day of _____, 201__

(Notary Public)



TRUSTEES OF THE FREEHOLDERS AND COMMONALTY APPLICATION
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In the Matter of the Application For a Commercial Shellfish License

**AFFIDAVIT OF
APPLICANT AS TO
VOTER REGISTRATION**

(Applicant's Name)

STATE OF NEW YORK)

) ss:

COUNTY OF SUFFOLK)

_____, being duly sworn, deposes and says the following under the penalties of perjury:
(Applicant's Name)

1. I am a resident of the Town of Southampton and reside at _____

(Address NO PO BOXES)

2. I am registered to vote in the Town of Southampton

3. I submit this information in order to induce the Board of Trustees to issue me a Commercial Shellfish License

(Signature of Applicant)

Sworn to before me this ____ day of _____, 201____

(Notary Public)